



Patent Attorney's Docket No. <u>032751-066</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of									
Pierre L	EROY	Group Art Unit: 1632							
Applicăt	tion No.: 09/927,933	Examiner: Scott D. Priebe							
Filed:	August 13, 2001	Confirmation No.: 6916							
	NOVEL IMPLANT AND NOVEL  VECTOR FOR THE TREATMENT OF  ACQUIRED DISEASES  )	Group Art Unit: 1632  Examiner: Scott D. Priebe  Confirmation No.: 6916							
	AMENDMENT/REPLY TRANSMITTAL LETTER								
P.O. Bo	ssioner for Patents ox 1450 Iria, VA 22313-1450								
Sir:									
End	Enclosed is an Amendment for the above-identified patent application.								
<u> </u>	[ ] A Petition for Extension of Time is also enclosed.								
[]	[ ] A Terminal Disclaimer and the [ ] \$55.00 (2814) [ ] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.								
	[X] Also enclosed is/are <u>a copy of postcard and Submission from 6/10/02, PTO 1449 and copies of two references, Exhibits A, B and C.</u>								
[]	Small entity status is hereby claimed.								
[]		plicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$375.00 (2801) [ ] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).							
		usly unentered after final amendments <u>not</u> be quested based on the enclosed documents							
	[ ] Applicant(s) previously submitted, requested.	, on, for which continued examination is							

Amendment/Reply Transmittal Letter Application No. <u>09/927,933</u> Attorney's Docket No. <u>032751-066</u> Page 2

[	]	Applicant(s) requests suspension of action by the Office until at least, which
		does not exceed three months from the filing of this RCE, in accordance with
		37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed

- [ ] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- [X] No additional claim fee is required.
- [ ] An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	Add'l Fee
Total Claims		MINUS =		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$84.00 (1201) =	
If Amendment adds mu	ltiple depend	lent claims, add \$28	0.00 (1203)		
Total Claim Amendmer	ıt Fee				
If small entity status is	claimed, sub	tract 50% of Total (	Claim Amend	ment Fee	=

[	]	A total fee in the	amount of \$	is enclosed.
[	]	Charge \$	to Deposit Account No	o. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

By:

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: <u>July 21, 2003</u>

Christopher L. North, Ph.D. Registration No. 50,433

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